

Request for an Amendment to a §1915(c) Home and Community-Based Services Waiver

I. Request Information

- A. The State of **Massachusetts** requests approval for an amendment to the following Medicaid home and community-based services waiver approved under authority of §1915(c) of the Social Security Act.
- B. **Waiver Title (optional):** **Acquired Brain Injury Non-Residential Habilitation (ABI-N) Waiver**
- C. **CMS Waiver Number:** **MA.40702**
- D. **Amendment Number (Assigned by CMS):**
- E.1 **Proposed Effective Date:** **09/01/2016**
- E.2 **Approved Effective Date (CMS Use):**

II. Purpose(s) of Amendment

Purpose(s) of the Amendment. Describe the purpose(s) of the amendment:

This amendment revises the service definition of Transitional Assistance and updates the unit type for Day Services. The cost estimates for Waiver Years 4 and 5 are updated accordingly.

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III. Nature of the Amendment

- A. Component(s) of the Approved Waiver Affected by the Amendment.** This amendment affects the following component(s) of the approved waiver. Revisions to the affected subsection(s) of these component(s) are being submitted concurrently (*check each that applies*):

Component of the Approved Waiver		Subsection(s)
<input checked="" type="checkbox"/>	Waiver Application	Public Input, Contacts, Attachment 2
<input type="checkbox"/>	Appendix A – Waiver Administration and Operation	
<input type="checkbox"/>	Appendix B – Participant Access and Eligibility	
<input checked="" type="checkbox"/>	Appendix C – Participant Services	C-1/C-3, C-5
<input type="checkbox"/>	Appendix D – Participant Centered Service Planning and Delivery	
<input type="checkbox"/>	Appendix E – Participant Direction of Services	
<input type="checkbox"/>	Appendix F – Participant Rights	
<input type="checkbox"/>	Appendix G – Participant Safeguards	
<input checked="" type="checkbox"/>	Appendix I – Financial Accountability	I-2-a
<input checked="" type="checkbox"/>	Appendix J – Cost-Neutrality Demonstration	J-1, J-2-c, J-2-d

- B. Nature of the Amendment.** Indicate the nature of the changes to the waiver that are proposed in the amendment (*check each that applies*):

<input type="checkbox"/>	Modify target group(s)
<input type="checkbox"/>	Modify Medicaid eligibility
<input type="checkbox"/>	Add/delete services
<input checked="" type="checkbox"/>	Revise service specifications
<input type="checkbox"/>	Revise provider qualifications
<input type="checkbox"/>	Increase/decrease number of participants
<input checked="" type="checkbox"/>	Revise cost neutrality demonstration
<input type="checkbox"/>	Add participant-direction of services
<input type="checkbox"/>	Other (specify):

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IV. Contact Person(s)

- A. The Medicaid agency representative with whom CMS should communicate regarding this amendment is:

First Name:	Amy
Last Name	Bernstein
Title:	Director, Community Based Waivers
Agency:	MassHealth
Address 1:	One Ashburton Place
Address 2:	11 th Floor
City	Boston
State	MA
Zip Code	02108
Telephone:	(617) 573-1751
E-mail	Amy.Bernstein@state.ma.us
Fax Number	(617) 573-1894

- B. If applicable, the operating agency representative with whom CMS should communicate regarding this amendment is:

First Name:	Kerri Josh
Last Name	Zanehi Mendelsohn
Title:	Assistant Commissioner, Community Living
Agency:	Massachusetts Rehabilitation Commission
Address 1:	600 Washington St.
Address 2:	
City	Boston
State	MA
Zip Code	02111
Telephone:	(617) 204-3690
E-mail	Josh.Mendelsohn@state.ma.us
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V. Authorizing Signature

This document, together with the attached revisions to the affected components of the waiver, constitutes the State's request to amend its approved waiver under §1915(c) of the Social Security Act. The State affirms that it will abide by all provisions of the waiver, including the provisions of this amendment when approved by CMS. The State further attests that it will continuously operate the waiver in accordance with the assurances specified in Section V and the additional requirements specified in Section VI of the approved waiver. The State certifies that additional proposed revisions to the waiver request will be submitted by the Medicaid agency in the form of additional waiver amendments.

Signature: _____

State Medicaid Director or Designee

Date: _____

First Name:	Daniel
Last Name	Tsai
Title:	Assistant Secretary and Director of MassHealth
Agency:	Executive Office of Health and Human Services
Address 1:	One Ashburton Place
Address 2:	11 th Floor
City	Boston
State	MA
Zip Code	02108
Telephone:	
E-mail	
Fax Number	(617) 573-1894



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6. Additional Requirements

I. Public Input. Describe how the State secures public input into the development of the waiver:

~~Massachusetts submitted a Statewide HCBS Transition Plan on February 27, 2015 in response to the Centers for Medicare and Medicaid Services (CMS) March 17, 2014 final rule related to Medicaid long term services and supports provided in home and community based settings. The state engaged in an extensive process to obtain public review and input of this plan, including: formation of stakeholder groups; convening an interagency workgroup to address the new federal HCB settings requirements; posting the state's draft Statewide HCBS Transition Plan on the MassHealth website; publication in multiple newspapers of the public input period and publication of an email and regular mail address for submission of comments; emailing a notice to several hundred people, including key advocacy organizations and the Native American tribal contacts, and conducting two public forums. The draft Statewide HCBS Transition Plan as well as these HCBS waiver amendments have been and continue to be discussed during the quarterly conference calls with the tribal representatives.~~

2015 Amendment:

Massachusetts outreached broadly to the public and to interested stakeholders to solicit input on this ABI-N waiver amendment. The waiver was posted to MassHealth's website, and public notices were issued in multiple newspapers, including: the Boston Globe, Worcester Telegram and Gazette, and the Springfield Republican. In addition, emails were sent to several hundred recipients, which included key advocacy organizations as well as the Native American tribal contacts. The newspaper notices and email provided the link to the MassHealth website that includes the draft ABI-N amendment, the public comment period, and, for anyone wishing to send comments, both email and mailing addresses. No written comments were received either through email or mail. In addition, feedback on this waiver amendment was solicited at the ABI/MFP/TBI Stakeholder Advisory Committee meeting, a community meeting involving waiver participants and from a group of waiver service providers. Overall feedback at these meetings was positive, no specific changes to the amendments were suggested.

2016 Amendment:

~~Massachusetts outreached broadly to the public and to interested stakeholders to solicit input on this ABI-N waiver amendment. The waiver was posted to MassHealth's website, and public notices were issued in multiple newspapers, including: the Boston Globe, Worcester Telegram and Gazette, and the Springfield Republican. In addition, emails were sent to several hundred recipients, which included key advocacy organizations as well as the Native American tribal contacts. The newspaper notices and email provided the link to the MassHealth website that includes the draft ABI-N amendment, the public comment period, and, for anyone wishing to send comments, both email and mailing addresses.~~

Massachusetts engaged in an extensive public input process in order to develop its Money Follow the Person demonstration grant application and continues to engage with stakeholders as it implements the demonstration. The ABI-N waiver is a key component of the state's implementation of its MFP demonstration. Outreach by the Office of Medicaid (OOM), and the Massachusetts Rehabilitation Commission (MRC) began in 2010. Ongoing outreach continues through semi-annual MFP Stakeholder Meetings and on-going meeting with MFP contractors serving as MFP Transition Entities, demonstration service providers, and/or waiver service providers. The MFP Demonstration staff and staff associated with related waivers maintain a mailing list of over 200 interested persons and organizations. The list includes Native American Tribal contacts, and representatives from

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Advocacy Agencies, Human Service Provider Agencies, Community Support Providers, Aging and Disability Resource Consortia (ADRC) partners (which include Independent Living Centers, Area Agencies on Aging/Aging Services Access Points), multiple State Human Service Agencies, and individuals with disabilities. The stakeholder meetings are well attended and provide positive feedback about the MFP waivers. Through the MFP Demonstration, EOHHS is now working with Transition Entity contractors to promote transition of MFP qualified individuals. These stakeholders have created a grass roots effort to outreach to potential MFP qualified individuals, and therefore to potential ABIMFP waiver participants. Communication with and training opportunities for these entities, is on-going and includes extensive information about the MFP-CL, ABI-N and other waivers.

Since January 2011, MassHealth has outreached to and communicated with the Tribal governments about the Money Follows the Person (MFP) Demonstration and related Waivers, including this ABI-N waiver at each of their regularly scheduled tribal consultation quarterly meetings. The tribal consultation quarterly meetings have afforded direct discussions with Tribal government contacts about this amendment. The Tribal government contacts were also added to the MFP interested stakeholders e-mail distribution list so they receive regular notifications of all MFP meetings. The tribal governments have not offered any comments or advice on the MFP Demonstration, or this waiver to MassHealth staff.

The state will continue to work with stakeholders and to obtain ongoing input from public forums about the ABI-N waiver.

Attachment #2: Home and Community-Based Settings Waiver Transition Plan

Specify the state's process to bring this waiver into compliance with federal home and community-based (HCB) settings requirements at 42 CFR 441.301(c)(4)-(5), and associated CMS guidance.

Consult with CMS for instructions before completing this item. This field describes the status of a transition process at the point in time of submission. Relevant information in the planning phase will differ from information required to describe attainment of milestones.

To the extent that the state has submitted a statewide HCB settings transition plan to CMS, the description in this field may reference that statewide plan. The narrative in this field must include enough information to demonstrate that this waiver complies with federal HCB settings requirements, including the compliance and transition requirements at 42 CFR 441.301(c)(6), and that this submission is consistent with the portions of the statewide HCB settings transition plan that are germane to this waiver. Quote or summarize germane portions of the statewide HCB settings transition plan as required.

Note that Appendix C-5 HCB Settings describes settings that do not require transition; the settings listed there meet federal HCB setting requirements as of the date of submission. Do not duplicate that information here.

Update this field and Appendix C-5 when submitting a renewal or amendment to this waiver for other purposes. It is not necessary for the state to amend the waiver solely for the purpose of

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updating this field and Appendix C-5. At the end of the state's HCB settings transition process for this waiver, when all waiver settings meet federal HCB setting requirements, enter "Completed" in this field, and include in Section C-5 the information on all HCB settings in the waiver.

Massachusetts Executive Office of Health and Human Services (EOHHS), the single State Medicaid Agency convened an interagency workgroup to address how best to comply with the requirements ~~of the requirements~~ of the federal Home and Community Based (HCB) settings ~~rule~~ at 42 CFR 441.301 (c)(4)-(5) ~~(the Community Rule)~~. The Massachusetts Rehabilitation Commission (MRC), an agency within EOHHS who has primary responsibility for day-to-day operation of the ABI-N waiver, was a member of the workgroup. All regulations, policies, standards, certifications and procedures have been reviewed against the Community Rule HCBS Regulations and necessary changes identified. ~~Details are provided in the Systemic Assessment section of the Statewide Transition Plan (STP).~~

Participants in the ABI-N Waiver live in their own homes or apartments, or in homes and apartments with family members and other informal supports. These settings are considered to fully comply with the HCBS Regulations.

Waiver services delivered to the participant in their home (for example personal care, homemaker, and chore services) were also considered to be fully compliant with the HCBS Regulations.

Adult Companion services and Individual Support and Community Habilitation services may be delivered either in the participant's home or in the community. Transportation services by definition assist the participant in engaging in waiver or other services in the community and in other community activities. As such these services are all considered to be fully compliant with the HCBS Regulations.

~~As described in detail in the Statewide Transition Plan, DDS developed and distributed a survey to providers of day services in collaboration with the Massachusetts Rehabilitation Commission (MRC). DDS staff reviewed survey results along with site-specific program data for providers that contract with both DDS and MRC. Based on this review, it was determined that all of the day services providers that contract with both DDS and MRC require some level of modification to come into full compliance with the Community Rule. Details on remedial actions are provided in the Site-Specific Assessment section of the STP, and transition milestones are summarized in Table 3 of the STP.~~

~~For the eight employment providers that are not licensed or certified by DDS, MRC reviewed the credentialing information gathered by UMMS-PNA to ensure each setting's fidelity to the service model of individualized supported employment in integrated community settings. The assessment process for the 29 providers licensed or certified by DDS involved DDS review of site-specific data, including licensure and certification information, with focus on the experiences of individuals within each setting. MRC determined, through its review, that all employment providers for the MFP-CL waiver that are not licensed or certified by DDS fully comply with the Community Rule. State-wide, all group employment settings that are licensed or certified by DDS require some level of modification to achieve full compliance with the Community Rule, particularly regarding policies or practices in one or more of the following domains: meaningful integration into the workplace; access to workplace amenities to the same degree as non-disabled workers; and assurance that individuals are earning at least the minimum wage. Details on Remedial Actions are provided in the Site-Specific Assessment section of the STP, and transition milestones are summarized in Table 3 of the STP.~~

~~Further review and assessment of the settings in which the following waiver services are provided is currently underway: Day Services, Prevocational Services and Supported Employment Services.~~

~~Additional details regarding the process used to review HCBS Settings types and whether they comply with the HCBS Regulations may be found in the Statewide Transition Plan submitted to CMS on February 27,~~

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~~2015 and the Addendum to the Statewide Transition Plan currently under review and anticipated to be submitted to CMS shortly.~~

~~Concurrent with the systemic review of regulations, policies and procedures and provider qualification processes, all providers of community-based day support services have been sent a survey that incorporates questions that enable a provider to assess where they are in the continuum of outcomes necessary to meet the requirements of the Community Rule.~~

~~Survey data has not as yet been received. Once received, it will be aggregated, reviewed, and analyzed to determine any changes needed to fully comply with the requirements of the Community Rule. Data gleaned from the surveys will inform the existing Employment Work Group as well as a recently formed group of advocates, participants/family members, and other stakeholders regarding:~~

- ~~a. The development of definitions and standards for what constitutes a meaningful day service;~~
- ~~b. The incorporation of both qualitative and quantitative measures into the DDS licensure and certification process to ensure providers fully comply with the HCBS Regulations;~~
- ~~c. The modification of the MRC monitoring tool to reflect changes in program expectations and standards to ensure providers fully comply with the HCBS Regulations;~~
- ~~d. Systemic strategies to assist all community-based day service providers to achieve the outcomes of the Community Rule including but not limited to technical assistance and staff development and training.~~

~~Findings will be validated through ongoing Licensure and Certification processes or, for those providers not subject to Licensure and Certification, through responses to a Request for Response (RFR) and ongoing program monitoring. All waiver providers will be subject to ongoing review on the schedule outlined in Appendix C of the waiver application.~~

~~The state anticipates development of clear guidelines and standards that define day services, including what constitutes meaningful day activities, and how services and supports can be integrated into the community more fully. Technical assistance, training and staff development will be provided to assist providers in complying with the HCBS Regulations.~~

Individuals receiving services in settings that cannot meet requirements will be notified by the state agency providing case management. The case manager will review with the participant the services available and the list of qualified and fully compliant providers, and will assist the participant in choosing the services and providers, from such list, that best meet the participant's needs and goals.

For all settings in which changes will be required, MRC will institute a process to assure that the changes occur. This process will include consultation and support to providers to enable them to successfully transition, quarterly reporting by providers to update MRC on progress towards compliance, and reviews by designated MRC staff to assure adherence to transition plans and processes

All settings in which waiver services are delivered will be fully compliant with the HCBS Regulations no later than March 16, 2019. ~~Additional information on transition milestones is provided in Table 3 of the STP.~~

~~Massachusetts outreached to the public to solicit input on this ABI-N waiver amendment through multiple formats. The waiver was posted to MassHealth's website and newspaper public notices were issued in the Boston Globe (March 14, 2015), Worcester Telegram and Gazette (March 17, 2015), and the Springfield Republican (March 17, 2015). In addition, emails were sent on March 13, 2015 to several hundred recipients, which included key advocacy organizations as well as the Native American tribal contacts. The newspaper notices and email provided the link to the MassHealth website that includes the draft ABI-N amendment, the public comment period, and, for anyone wishing to send comments, both email and mailing addresses. The waiver amendment was also discussed in the quarterly conference call with tribal~~

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~~representatives held on February 5, 2015.~~

Massachusetts ~~also has~~ engaged in an extensive process to obtain public review and input of ~~their HCBS~~ the Massachusetts Statewide Transition Plan (STP), as described in detail in the STP submitted to CMS in September 2016. ~~including: formation of stakeholder groups; convening an interagency workgroup to address the new federal HCB settings requirements; posting the state's draft Statewide HCBS Transition Plan on the MassHealth website from October 15, 2014 through the close of the public comment period on November 15, 2014; publication in multiple newspapers of the public input period and publication of an email and regular mail address for submission of comments (published in the Boston Globe, Worcester Telegram and Gazette and Springfield Republican on October 15, 2014); emailing a notice to several hundred people (October 16, 2014), including key advocacy organizations and the Native American tribal contacts, and conducting two public forums (November 6, 2014 and November 12, 2014) at which oral comments were heard and noted.~~

~~The Addendum to the Statewide Transition Plan has been publicized in the same fashion: posted on the MassHealth website from May 15, 2015 through the close of the public comment period on June 18, 2015; publication in multiple newspapers of the public input period and publication of an email and regular mail address for submission of comments (published in the Boston Globe, Worcester Telegram and Gazette and Springfield Republican on May 18, 2015); emailing a notice to several hundred people (May 15, 2015 with a reminder email sent on June 8, 2015), including key advocacy organizations and the Native American tribal contacts, and conducting a public forum (June 1, 2015).~~

The State is committed to transparency during both the STP planning ~~and phase and the~~ implementation phases to comply with the HCB setting requirements. If, in the course of ongoing monitoring process, MRC along with MassHealth determines that **additional** substantive changes to the Transition Plan are necessary, MassHealth and MRC will engage in activities that include: publication of draft plan for 30 days with the opportunity for comments to be submitted to the agencies, as well as review/comment by the agencies on all input received.

The State assures that the settings transition plan included with this waiver amendment will be subject to any provisions or requirements included in the State's approved Statewide Transition Plan. The State will implement any required changes upon approval of the Statewide Transition Plan and will make conforming changes to the waiver when the next amendment or renewal is submitted.

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Appendix C-1/C-3: Summary of Services Covered and Services Specifications

Service Specification					
Service Definition (Scope): Transitional Assistance					
<p>Transitional Assistance services are non-recurring personal household set-up expenses for individuals who are transitioning from a nursing facility or hospital or another provider-operated living arrangement to a community living arrangement where the person is directly responsible for his or her own set-up expenses. Allowable expenses are those necessary to enable a person to establish a basic household that do not constitute room and board and may include: (a) assistance with housing search and housing application processes; (ab) security deposits that are required to obtain a lease on an apartment or home; (c) assistance arranging for and supporting the details of the move; (bd) essential personal household furnishings required to occupy and use a community domicile, including furniture, window coverings, food preparation items, and bed/bath linens; (ee) set-up fees or deposits for utility or service access, including telephone service, electricity, heating and water; (df) services necessary for the individual's health and safety such as pest eradication and one-time cleaning prior to occupancy; (eg) moving expenses; (fh) necessary home accessibility adaptations; and, (gi) activities to assess need, arrange for and procure needed resources related to personal household expenses, specialized medical equipment, or community services. Transitional Assistance services are furnished only to the extent that they are reasonable and necessary as determined through the service plan development process clearly identified in the service plan and the person is unable to meet such expense or when the services cannot be obtained from other sources. Transitional Assistance services do not include monthly rental or mortgage expense; food, regular utility charges; and/or household appliances or items that are intended for purely diversional/recreational purposes.</p>					
Specify applicable (if any) limits on the amount, frequency, or duration of this service:					
<p>Transitional Assistance services include only those non-recurring set up expenses incurred during the 60-180 days prior to discharge from a nursing facility or hospital or another provider-operated living arrangement to a community living arrangement or during the period immediately following such a transition during which the participant is establishing his or her living arrangement. Home accessibility adaptations are limited to those which are initiated during the 60-180 days prior to discharge.</p> <p>Transitional Assistance services may not be used to pay for furnishing living arrangements that are owned or leased by a waiver provider where the provision of these items and services are inherent to the service they are already providing.</p>					
Service Delivery Method (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E		<input checked="" type="checkbox"/>	Provider managed
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative	<input type="checkbox"/>
Provider Specifications					
Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:		<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Certified Corporate Business	
Provider Qualifications					
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)		
Certified Corporate Business		Certified Business	Will meet applicable State regulations and industry standards for type of goods/services provided.		

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Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Certified Business	Massachusetts Rehabilitation Commission	Annually or prior to utilization of service

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Appendix C-5: Home and Community-Based Settings

Explain how residential and non-residential settings in this waiver comply with federal HCB Settings requirements at 42 CFR 441.301(c)(4)-(5) and associated CMS guidance. Include:

1. Description of the settings and how they meet federal HCB Settings requirements, at the time of submission and in the future.
2. Description of the means by which the state Medicaid agency ascertains that all waiver settings meet federal HCB Setting requirements, at the time of this submission and ongoing.

Note instructions at Module 1, Attachment #2, HCBS Settings Waiver Transition Plan for description of settings that do not meet requirements at the time of submission. Do not duplicate that information here.

The Massachusetts Executive Office of Health and Human Services (EOHHS), the single State Medicaid Agency, convened an interagency workgroup to address how best to comply with the requirements of the federal Home and Community Based (HCB) settings requirements at 42 CFR 441.301 (c)(4)-(5). The Massachusetts Rehabilitation Commission (MRC), an agency within EOHHS that has primary responsibility for day-to-day operation of the ABI-N waiver, was a member of the workgroup. MRC undertook a review of all their regulations, standards, policies, licensing requirements, and other provider requirements to ensure compliance of settings with the new federal requirements, as they apply within this waiver. The ABI-N waiver supports individuals who reside in either their own home or an apartment and may receive the following waiver services outside their home: day services, and supported employment, ~~and prevocational services settings (non-residential settings).~~

MRC's review and assessment process for these non-residential settings included: a thorough review of regulations, policies and procedures; waiver service definitions; provider qualifications and quality management and oversight systems to determine whether the systemic infrastructure was consistent with the principles of community integration; development of an assessment tool ~~that will borrow substantially from the~~ ~~based on the~~ exploratory questions that CMS published; and review of the existing non-residential settings to determine if these settings meet standards consistent with the HCB settings requirement.

As detailed in the Site-Specific Assessment section and summarized in Table 2 of the STP submitted to CMS in September 2016, six out of seven MRC-contracted day services providers and seven out of eight MRC-contracted supported employment providers have been determined by MRC to comply fully with the Community Rule. The systemic and site-specific review processes MRC undertook to determine these providers' compliance status are summarized in Main Module Attachment #2 and described in detail in the Systemic Assessment and Site-Specific Assessment sections of the STP.

~~MRC continues to review waiver service settings to ensure compliance in the areas of these non-residential settings. The state will submit an addendum to its Statewide HCBS Transition Plan, as appropriate, during the next several months (see Main Module Attachment #2).~~

MRC conducts annual site visits of non-residential day services settings not licensed or certified by the Department of Developmental Services (DDS). For all such day services, MRC will utilize a monitoring tool to review each site and the activities/services provided for all day programs to monitor ongoing Community Rule compliance. Supported employment provider qualifications are reviewed every two years to ensure continued compliance with requirements. In addition, MRC case managers monitor provider compliance through annual meetings with participants as part of the person-centered planning process.

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If any of the ongoing monitoring indicates a need for a substantive change in the transition plan, MRC along with MassHealth will revise the STP, complete public input activities as described in Main Module Attachment #2, and resubmit the STP for CMS approval.

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APPENDIX I-2: Rates, Billing and Claims

- a. **Rate Determination Methods.** In two pages or less, describe the methods that are employed to establish provider payment rates for waiver services and the entity or entities that are responsible for rate determination. Indicate any opportunity for public comment in the process. If different methods are employed for various types of services, the description may group services for which the same method is employed. State laws, regulations, and policies referenced in the description are available upon request to CMS through the Medicaid agency or the operating agency (if applicable).

The rates for all ABI waiver services have been established by the Executive Office of Health and Health and Human Services (EOHHS) with the assistance of rate analysis from Center for Health Information and Analysis (CHIA). The rate development process starts with an analysis of available data that may include but not be limited to provider cost, labor and other economic market information, utilization and public agency spending data. A cost adjustment factor is added to account for projected inflation anticipated during the prospective rate period. If appropriate, the data is adjusted to reflect desired economic efficiencies, such as productivity expectations and administrative ceilings. The process includes at least one consultative session to receive input from service providers. In addition, EOHHS has a public hearing for all rate regulations it proposes. Before the public hearing date, there is a public notice that includes the hearing date, time, location and the proposed rates. The public is welcomed to comment in person and/or in writing.

EOHHS is in the process of reviewing the ABI waiver rates according to the process described above. As part of this process, EOHHS is considering consolidation of the ABI and MFP rate regulations into one HCBS rate regulation.

The ABI waiver rates can be found in EOHHS ABI waiver services regulations 114 CMR 54.00. The regulation can be found on the MassHealth website:
<http://www.mass.gov/eohhs/gov/departments/masshealth/>.

Rates for Physical Therapy, Occupational Therapy and Speech Therapy rates are established based on the comparable state plan Medicaid service rate as established by EOHHS. Rates for Home Accessibility Adaptations and Transitional Assistance services are based on the reasonable, allowable costs of goods and services provided.

All costs that are not eligible for federal financial participation, such as room and board, are excluded from the rate computation.

The ABI case manager will inform the participant of the availability of information about waiver services payment rates and the EOHHS ABI waiver service regulations.

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Appendix J-1: Composite Overview and Demonstration of Cost-Neutrality Formula

Composite Overview. Complete the fields in Cols. 3, 5 and 6 in the following table for each waiver year. The fields in Cols. 4, 7 and 8 are auto-calculated based on entries in Cols 3, 5, and 6. The fields in Col. 2 are auto-calculated using the Factor D data from the J-2d Estimate of Factor D tables. Col. 2 fields will be populated ONLY when the Estimate of Factor D tables in J-2d have been completed.

Level(s) of Care (specify):			Hospital, Nursing Facility				
Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8
Year	Factor D	Factor D'	Total: D+D'	Factor G	Factor G'	Total: G+G'	Difference (Column 7 less Column 4)
1	35558.49	34699.24	70257.73	140976.82	40673.57	181650.39	111392.66
2	43066.01	43643.24	86709.25	177088.52	51092.25	228180.77	141471.52
3	44655.20	45201.93	89857.13	183195.02	52854.05	236049.07	146191.94
4	46362.13 41,089.64	46760.61	93122.74 87,850.25	189301.52	54615.85	243917.37	150794.63 156,067.12
5	48087.97 42,305.49	48319.30	96407.27 90,624.79	196934.65	56818.10	253752.75	157345.48 163,127.96

c. **Derivation of Estimates for Each Factor.** Provide a narrative description for the derivation of the estimates of the following factors.

i. **Factor D Derivation.** The estimates of Factor D for each waiver year are located in Item J-2-d. The basis for these estimates is as follows:

Factor D costs are based on the following:

Number of Users:

The estimated number of users for Transportation, Adult Companion, Individual Supports & Community Habilitation, Homemaker, Personal Care, and Specialized Medical Equipment are based on actual utilization for the ABI-N waiver in Waiver Year 2. Estimates are based on Waiver Year 2 data where possible, since Waiver Year 1 was a start-up year with a very small number of participants utilizing services for part of the waiver year. The estimated number of users for Home Accessibility Adaptations in Waiver Year 1 is based on actual utilization for the ABI-N waiver in Waiver Year 2; for subsequent waiver years, the estimated number of users for this service is minimal as we do not expect a significant number of new waiver participants in waiver years 2-5. The estimated numbers of users for Respite and Chore services are slightly higher than actual utilization in Waiver Year 2, as we expect that utilization could increase over the life of the waiver program. The estimated number of users for Day Services, Physical Therapy, Occupational Therapy, and Speech Therapy reflect a mid-point between actual utilization to date and original projections. Actual utilization for these services has been lower

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than originally projected which we believe may be due to program ramp up. Based on the clinical needs of this population we anticipate that utilization may increase over time. The estimated number of users for Supported Employment is the same as the original projections for this waiver, although there has been minimal utilization of this service in Waiver Years 1 and 2. We assume that actual utilization is low to date due to program ramp up and that utilization may increase over time. The estimated number of users for Transitional Assistance in Year 1 is the same as the original projections for this waiver (90% of expected new waiver participants), similar to actual utilization to date. For subsequent waiver years, the estimated number of users for this service is minimal as we do not expect a significant number of new waiver participants in waiver years 2-5.

Average Units per User:

The average units per user for Day services is based on the actual average units per person for this waiver reported in the most recent CMS-372 Report (Waiver Year 4) with conversion from per diem to 15 minute units. The average units per user for ~~Day Services~~, Adult Companion, Individual Supports & Community Habilitation, Homemaker, Personal Care, Home Accessibility Adaptations, Specialized Medical Equipment and Transportation are based on actual utilization for the ABI-N waiver in Waiver Year 2. Estimates are based on Waiver Year 2 data where possible, since Waiver Year 1 was a start up year with a very small number of participants utilizing services for part of the waiver year. The average number of units per person for Physical Therapy, Occupational Therapy, Speech Therapy, Respite, Chore and Supported Employment are based on the original projections for this waiver, since there has been minimal utilization due to program ramp up and we expect that utilization will increase over time. The average unit per user for Transitional Assistance is one episode, based on original projections and experience to date.

Average Cost Per ~~User~~Unit:

Rates established by the Commonwealth of MA for waiver services are used where applicable. The following services are based on Rates for Acquired Brain Injury Waiver and Related Services 114.3 CMR 54.00: Day Services, Homemaker, Individual Supports & Community Habilitation Personal Care, Chore, Adult Companion, Occupational Therapy, Physical Therapy, Speech Therapy and Supported Employment. As part of the rate review process for this waiver, EOHHS anticipates transitioning from per diem rates to 15-minute units for Day Services. Homemaker and Individual Supports & Community Habilitation cost per unit reflects a weighted average of the agency rate and individual provider rate, based on expected utilization. The average cost per unit for Respite is based on the Commonwealth's approved rate for Contracted Waiver Services for the Department of Developmental Services (DDS) for the Emergency Stabilization Residence service. The average cost per unit for Home Accessibility Adaptations reflects the actual average cost per unit in the ABI-N waiver in Waiver Year 2. The rates for Specialized Medical Equipment and Transportation reflect the actual average cost per unit across the Acquired Brain Injury with Residential Habilitation (ABI-RH) waiver MA.40701 and the ABI-N waiver in Waiver Year 2. The rate for Transitional Assistance is estimated at \$5,000 per episode.

Trend:

Average costs per unit described above are trended forward by 3.7% annually, beginning in Waiver Year 2, based on the Consumer Price Index (CPI).

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d. Estimate of Factor D. *Select one:* Note: Selection below is new.

<input checked="" type="radio"/>	The waiver does not operate concurrently with a §1915(b) waiver. Complete Item J-2-d-i
<input type="radio"/>	The waiver operates concurrently with a §1915(b) waiver. Complete Item J-2-d-ii

i. Estimate of Factor D – Non-Concurrent Waiver. Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items.

Waiver Year: Year 4						
Waiver Service / Component	Col. 1	Col. 2	Col. 3	Col. 4		Col. 5
	Unit	# Users	Avg. Units Per User	Avg. Cost/Unit	Component Cost	Total Cost
Homemaker	15 min.	22	254.00	5.65	31,572.20	31,572.20
Personal Care	15 min.	36	3073.00	5.65	625,048.20	625,048.20
Respite	Per Diem	11	7.00	458.98	35,341.46	35,341.46
Supported Employment	15 min.	11	818.00	9.55	85,930.90	85,930.90
Adult Companion	15 min.	58	2006.00	5.60	651,548.80	651,548.80
Chore	15 min.	6	98.00	7.85	4,615.80	4,615.80
Day Services Total						303,601.60
Day Services – Per diem	Per Diem	55 20	140.00 92	114.75	883,575.00 211,140.00	883,575.00
Day Services – 15 min.	15 min.	20	1,106	4.18	92,461.60	
Home Accessibility Adaptations	Item	6	5.00	2385.28	71,558.40	71,558.40
Individual Support and Community Habilitation	15 min.	77	2333.00	10.98	1,972,458.18	1,972,458.18
Occupational Therapy	Visit	28	51.00	79.39	113,368.92	113,368.92
Physical Therapy	Visit	28	51.00	76.17	108,770.76	108,770.76
Specialized Medical Equipment	Item	55	5.00	252.32	69,388.00	69,388.00
Speech Therapy	Visit	28	51.00	81.28	116,067.84	116,067.84
Transitional Assistance - RH	Episode	6	1.00	5,575.79	33,454.74	33,454.74
Transportation	One-way trip	55	167.00	32.35	297,134.75	297,134.75
GRAND TOTAL:						5099833.95 4,519,860.55
TOTAL ESTIMATED UNDUPLICATED PARTICIPANTS (from Table J-2-a)						110
FACTOR D (Divide grand total by number of participants)						46362.13 41,089.64
AVERAGE LENGTH OF STAY ON THE WAIVER						359

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		Waiver Year: Year 5					
Waiver Service / Component		Col. 1	Col. 2	Col. 3	Col. 4		Col. 5
		Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Homemaker		15 min.	22	254.00	5.86	32,745.68	32,745.68
Personal Care		15 min.	36	3073.00	5.86	648,280.08	648,280.08
Respite		Per Diem	11	7.00	475.96	36,648.92	36,648.92
Supported Employment		15 min.	11	818.00	9.90	89,080.20	89,080.20
Adult Companion		15 min.	58	2006.00	5.81	675,981.88	675,981.88
Chore		15 min.	6	98.00	8.14	4,786.32	4,786.32
Day Services Total							280,227.20
Day Services – Per diem		Per Diem	550	140.00	119.00	916,300.000	
Day Services – 15 min.		15 min.	20	3,352	4.18	280,227.20	
Home Accessibility Adaptations		Item	6	5.00	2473.54	74,206.20	74,206.20
Individual Support and Community Habilitation		15 min.	77	2333.00	11.39	2,046,110.99	2,046,110.99
Occupational Therapy		Visit	28	51.00	82.33	117,567.24	117,567.24
Physical Therapy		Visit	28	51.00	78.99	112,797.72	112,797.72
Specialized Medical Equipment		Item	55	5.00	261.66	71,956.50	71,956.50
Speech Therapy		Visit	28	51.00	84.29	120,366.12	120,366.12
Transitional Assistance - RH		Episode	6	1.00	5,782.09	34,692.54	34,692.54
Transportation		One-way trip	55	167.00	33.55	308,156.75	308,156.75
GRAND TOTAL:							5,289,677.14 4,653,604.34
TOTAL ESTIMATED UNDUPLICATED PARTICIPANTS (from Table J-2-a)							110
FACTOR D (Divide grand total by number of participants)							48,087.97 42,305.49
AVERAGE LENGTH OF STAY ON THE WAIVER							359

State:	
Effective Date	